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CONFIRMATION NO. 9437

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## \*\* CONTINUING DATA \*\*\*\*\* 53

This appln claims benefit of 60/450,806 02/27/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
05/25/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Stephanie R Smith</u> <u>SS</u> Examiner's Signature Initials				

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## TITLE

Surgical access system and related methods

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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